## Iowa WISEWOMAN Weight Watchers Participant Flow Sheet

WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
DATE																						
COORDINATOR ACTION	Enrolls participant, completes forms, explains program, assists with appointment scheduling. Screening must be completed within 4 weeks of enrollment.				Health Coaching (HC) #1 - \$\$ Discuss screening results with participant. Coordinator confirms participation in Weight Watchers. Contacts IDPH to mail vouchers for sessions 1-8.						Phone Call/Email Calls IDPH to request additional vouchers be sent to participant if she has been attending sessions.					Health Coaching (HC) #3 - \$\$ Asks about Weight Watchers attendance. Reminds participant to send attendance and weight booklet data via mail with stamped envelop provided.		Post Assessment - \$\$ Collect data on the Lifestyle Form and submit data into the University of lowa database system. Request additional 10 vouchersfrom IDPH be mailed to participant if she is interested in attending more sessions.				
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PARTICIPANT ACTIVITY	asse appoin appoir	ment. Some consideration of the consideration of th	nplete , sche has sc and co erven	es dules reening onsiders				1 2 3 4  Wust begin attending Weight Watcher sessions by Week 10 in order to complete the required 12 of the 16 sessions.			Watcher Receives (following	cipates in V rs - attend additional ng HC#2) fr s good atte	sessions. I vouchers rom IDPH	8 9 10 11  Continues with participation.			1st potential completion date. Continues with participation if interested.	ir	Final Se Partici may re additi interested.  vouche continu 10 addi		Final Session. Participant may request additional vouchers and continue with 10 additional sessions.	
Notes Section for Local Program Coordinators																						
Health Coaching #1 a Lifestye Program (LSP) I																						
Health Coaching #2 a Lifestye Program (LSP)																						
Health Coaching #3 a Lifestye Program (LSP)																						
Post Assessment Not				ı		I																
Weight Watchers Boo Received	ket	Dat	е		T		_							_								
Completion Informat	ion	Comp	letior	) Date					Withdrawa	al Date												